

Sect 311**EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY***Specific
Information
By Chemical***Facility Identification**Name _____
Street _____
City _____ County _____ State _____ Zip _____SIC Code Dun & Brad Number **FOR
OFFICIAL
USE
ONLY**ID# Date Received **Owner/Operator Name**Name _____ Phone _____
Mail Address _____**Emergency Contacts**Name _____ Title _____
Phone _____ 24 Hr. Phone _____
Name _____ Title _____
Phone _____ 24 Hr. Phone _____**Important: Read all instructions before completing this form****Reporting Period**From January 1 to December 31, 19 99☐ Check if information below is identical to the information submitted last year.**Chemical Description****SARA Hazards****Maximum Quantity***(In Pounds)*

Chem. Name _____

CAS EHS ☐

Flam	Cor	Reac	Acid	Chemi
1	1	1	1	1

Chem. Name _____

CAS EHS ☐

Chem. Name _____

CAS EHS ☐

Chem. Name _____

CAS EHS ☐

Chem. Name _____

CAS EHS ☐

Chem. Name _____

CAS EHS ☐**Certification** *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative _____

Signature _____

Date Signed / /